



**CITY OF COVINGTON**  
**Community Development Department**  
16720 SE 271st Street • Suite 100 • Covington, WA 98042  
Phone: 253-638-1110 • Fax: 253-638-1122  
www.ci.covington.wa.us

A-101

## RESIDENTIAL BUILDING PERMIT APPLICATION

**PROJECT ADDRESS:** \_\_\_\_\_  
**PARCEL NUMBER:** \_\_\_\_\_  
**SUBDIVISION NAME:** \_\_\_\_\_ **LOT#** \_\_\_\_\_

### FOR STAFF USE ONLY

**Permit Number:** \_\_\_\_\_  
**Application Date:** \_\_\_\_\_

### CONTACT INFORMATION

**PRIMARY CONTACT PERSON** ☐ Applicant

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

**PROPERTY OWNER** ☐ Applicant

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

**CONTRACTOR** ☐ Applicant

**Company:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_  
**State Contractor's License #:** \_\_\_\_\_  
**UBI #:** \_\_\_\_\_

**ENGINEER** ☐ Applicant

**Company:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

**ARCHITECT** ☐ Applicant

**Company:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

**Lender/Bond Issuer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

### BUILDING INFORMATION

**PROJECT DESCRIPTION:** \_\_\_\_\_ **VALUATION: \$** \_\_\_\_\_

**Type of Work:** ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Other: \_\_\_\_\_

Dwelling sq. ft.		No. of bedrooms		No. of dwelling units	
Garage sq. ft.		No. of bathrooms		Lot area	
Decks sq. ft.		<input type="checkbox"/> Well <input type="checkbox"/> Water District:		Zoning	
Covered porch sq. ft.		<input type="checkbox"/> Septic <input type="checkbox"/> Sewer District:		Building height	

Mechanical Units	No.	Fee, each	Total	Plumbing Units	No.	Fee, each	Total
Gas piping system, 1-5 outlets		\$10		Bathtub		\$12	
- Additional outlets, each		\$6		Bath/shower combination		\$12	
Furnace		\$22		Clothes washer		\$12	
Furnace, over 100,000 BTU		\$25		Dishwasher		\$12	
Dryer (gas)		\$15		Hose bibb		\$12	
Range hood		\$15		Kitchen sink		\$12	
Range (gas)		\$15		Laundry tub/tray		\$12	
Water heater (gas)		\$15		Lavatory (bathroom sink)		\$12	
Wood stove/insert		\$15		Shower		\$12	
Fireplace		\$15		Toilet/water closet		\$12	
Fireplace logs (gas)		\$15		<b>SUBTOTAL FIXTURES/TRAPS</b>			
Heat pump		\$15		Repair/alter drain waste/vent		\$12	
Gas radiant heater		\$22		Water heater/vent (electric)		\$12	
Ventilation fan/duct		\$12		Gas piping system (1-5 outlets)		\$10	
Appliance vent		\$12		- Additional outlets, each		\$6	
Misc. appliance		\$15		Other: _____			
Other: _____				Issuance fee		\$37	
Issuance fee		\$37		<b>SUBTOTAL OF PLUMBING FEES</b>			
<b>SUBTOTAL OF MECHANICAL FEES</b>							

I **acknowledge** that an application for a permit for any proposed work that has not resulted in the issuance of a permit within 180 days of the date of filing shall be deemed to have been abandoned.

I **certify** that as a contractor I am currently registered and properly licensed as defined in RCW 18.27, or as a property owner, I am exempt from the requirements of the contractor registration and will do all my own work or use properly licensed subcontractors in connection with the work to be performed under this permit.

I **certify** that I have read and examined this application and know the same to be true and correct, and that if any of the information provided is incorrect, the permit or approval may be revoked.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date